

MITT ROMNEY **GOVERNOR** 

**KERRY HEALEY** LIEUTENANT GOVERNOR

## **Commonwealth of Massachusetts Division of Professional Licensure**

239 Causeway Street • Boston, Massachusetts 02114

BETH LINDSTROM DIRECTOR, OFFICE OF CONSUMER AFFAIRS & BUSINESS REGULATION

**ANNE L. COLLINS** DIRECTOR, DIVISION OF PROFESSIONAL LICENSURE

## **Board of Registration of Real Estate Brokers and Salespeople**

Continuing Education / License Reactivation Form

THIS FORM IS NOT TO BE USED FOR EXPIRED LICENSES

Type or print legibly – illegible forms will not be processed

	Name:		
	Address:		
	License Number and Type:		
	Social Security Number:		
	New Address: (if applicable)		
conti	nuing education requirement of tw	ate under the pains and penalties of perjury that I have satisfie as provided for in MGL 112 sec. 87XXX1/2, for re-activation of active real estate license for the purposes of practicing real estate h 87DDD inclusive.	of the
Signa	ature	Date	
Vou	will become active after the Roard	nd reviews this form. If you have just recently renewed your li	cense

you should check to make sure the payment has been processed prior to submitting this form. You may check the license at <a href="http://license.reg.state.ma.us/public/licque.asp?color=red&Board=RE">http://license.reg.state.ma.us/public/licque.asp?color=red&Board=RE</a> or by calling the Board at 617-727-2373. Mail the completed form to: RE Board, 239 Causeway Street, 5<sup>th</sup> floor, Boston, MA 02114. No fee is required to reactivate.

YOU MAY NOT REINSTATE OR RENEW A LICENSE WITH THIS FORM. This form may only be used to re-activate a current inactive license. If you require a renewal form you must telephone the Board at 617-727-2373 and request a duplicate renewal form. If your license has been expired for more than two years you must submit a written request for reinstatement. The request MUST include your name, address, date of birth, social security number and signature.